FOR COUNTY USE ONLY

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County of San Bernardino

FAS

STANDARD CONTRACT

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THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

San Bernardino County Superintendent of School, Direct Service	nereinatter called	School
Address		
1020 East Cooley Drive, Colton CA. 92324-3924		

Telephone Federal ID No. or Social Security No. (909) 433-4653 95-6000931

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

This agreement is made and entered into by the San Bernardino County Superintendent of Schools, Direct Service Providers, hereinafter referred to as School, and County of San Bernardino, a political subdivision of the State of California, hereinafter referred to as County. The San Bernardino County Department of Public Health will hereinafter be referred to as Department.

WHEREAS, the above named parties desire to set forth in writing the specific terms and conditions mutually agreed to regarding nursing services for the purposes authorized by Sections 49452, 49452.5, 49454 and 49455 of the Education Code.

NOW THEREFORE, it is mutually agreed and covenanted that:

1. The Department shall provide school nursing services for the San Bernardino County Superintendent of Schools/Direct Services, Regular Education Classes as listed in **Attachment A** to this agreement. **Attachment A** is hereby made a part of this agreement.

☐ Contract Datab	ase FAS
Input Date	Keyed By

- 2. Hours of service to be rendered to School shall be distributed as indicated in **Attachment B** to this contract. **Attachment B** is hereby made a part of this contract.
- 3. School will reimburse the Department at the rate of \$45.00 an hour, for 330 hours, for a total of \$14,850. Travel time from the Department nurses' offices to the school sites and back to the Department will be part of the contracted 330 hours.
- 4. Reimbursement for all services referenced herein shall be due upon receipt of an invoice stating the hours of services rendered and the costs incurred thereby; said invoices to be rendered to Schools by the Department on or about the following dates: February 28, 2004 and August 30, 2004.
- 5. The Department or the School may request changes to the contracted hours through a written amendment. Otherwise, alteration or variation of the terms of this agreement shall be invalid unless made in writing and signed by the parties hereto. No oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto.
- 6. A monthly activity report of the nurses' school activities and hours expended will be kept on file at the Department office. This report will be available upon request by the School.
- 7. School agrees to indemnify, defend and hold harmless the Department, the County and their authorized agents, officers, volunteers and employees against any and all claims or actions arising from the School's acts or omissions and for any costs or expenses incurred by the Department, County or School on account of any claim therefore.
- 8. The County agrees to indemnify and hold harmless the School and its authorized agents, officers, volunteers and employees against any and all claims or actions arising from County's negligent acts or omissions and for any costs or expenses incurred by the Department, County or School on account of any claim therefore.
- 9. The period of this agreement shall be from July 1, 2003 through June 30, 2004. This agreement may be terminated by either party upon thirty (30) days written notice to the other. The Public Health Programs Administrator shall exercise full County rights under the terms of this agreement. In the case of such termination, the Department will invoice the School for costs associated with activities performed in accordance with this agreement prior to the effective date of termination

(Print or type name of corporation, company, contractor, etc.) By					
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					nt or type name of person signing contract)
(Print or Type) Dated:					
Address					
ntract Compliance	Presented to BOS for Signature				
	Department Head				
	Date				
	By				

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Input Date	Keyed By	